

AO 433 (Rev. 04/11)		Administrative Office of the United States Courts Case: 17-03283-LTS Doc#: 1527 Filed: 10/25/17 Entered: 10/25/17 14:51:02 Desc: Main Document Page 1 of 1	
TRANSCRIPT ORDER		FOR COURT USE ONLY	
		DUE DATE:	
<i>Please Read Instructions:</i>			
1. NAME Carlos R. Rivera-Ortiz		2. PHONE NUMBER (787) 777-8888	
4. MAILING ADDRESS PO Box 364148		3. DATE 10/25/2017	
		5. CITY San Juan	
		6. STATE Puerto Rico	
8. CASE NUMBER 17-03283		7. ZIP CODE 00936	
9. JUDGE Laura Taylor Swain		DATES OF PROCEEDINGS	
		10. FROM 10/25/2017	
		11. TO 10/25/2017	
12. CASE NAME In re: Financial Oversight and Management Board (Commonwealth)		LOCATION OF PROCEEDINGS	
		13. CITY New York	
		14. STATE NY	
15. ORDER FOR			
<input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input checked="" type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER			
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)			
PORTIONS		DATE(S)	
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/> OPENING STATEMENT (Defendant)			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			
<input type="checkbox"/> OPINION OF COURT			
<input type="checkbox"/> JURY INSTRUCTIONS		<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING		Complete transcript 10/25/17	
<input type="checkbox"/> BAIL HEARING			
17. ORDER			
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES
HOURLY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES 1
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>	
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).			ESTIMATE TOTAL 0.00
18. SIGNATURE /s/ Carlos R. Rivera-Ortiz			PROCESSED BY
19. DATE 10/25/2017			PHONE NUMBER
TRANSCRIPT TO BE PREPARED BY			COURT ADDRESS
ORDER RECEIVED			DATE
			BY
DEPOSIT PAID			DEPOSIT PAID
TRANSCRIPT ORDERED			TOTAL CHARGES
			0.00
TRANSCRIPT RECEIVED			LESS DEPOSIT
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED
PARTY RECEIVED TRANSCRIPT			TOTAL DUE
			0.00